

**FIG. 1**

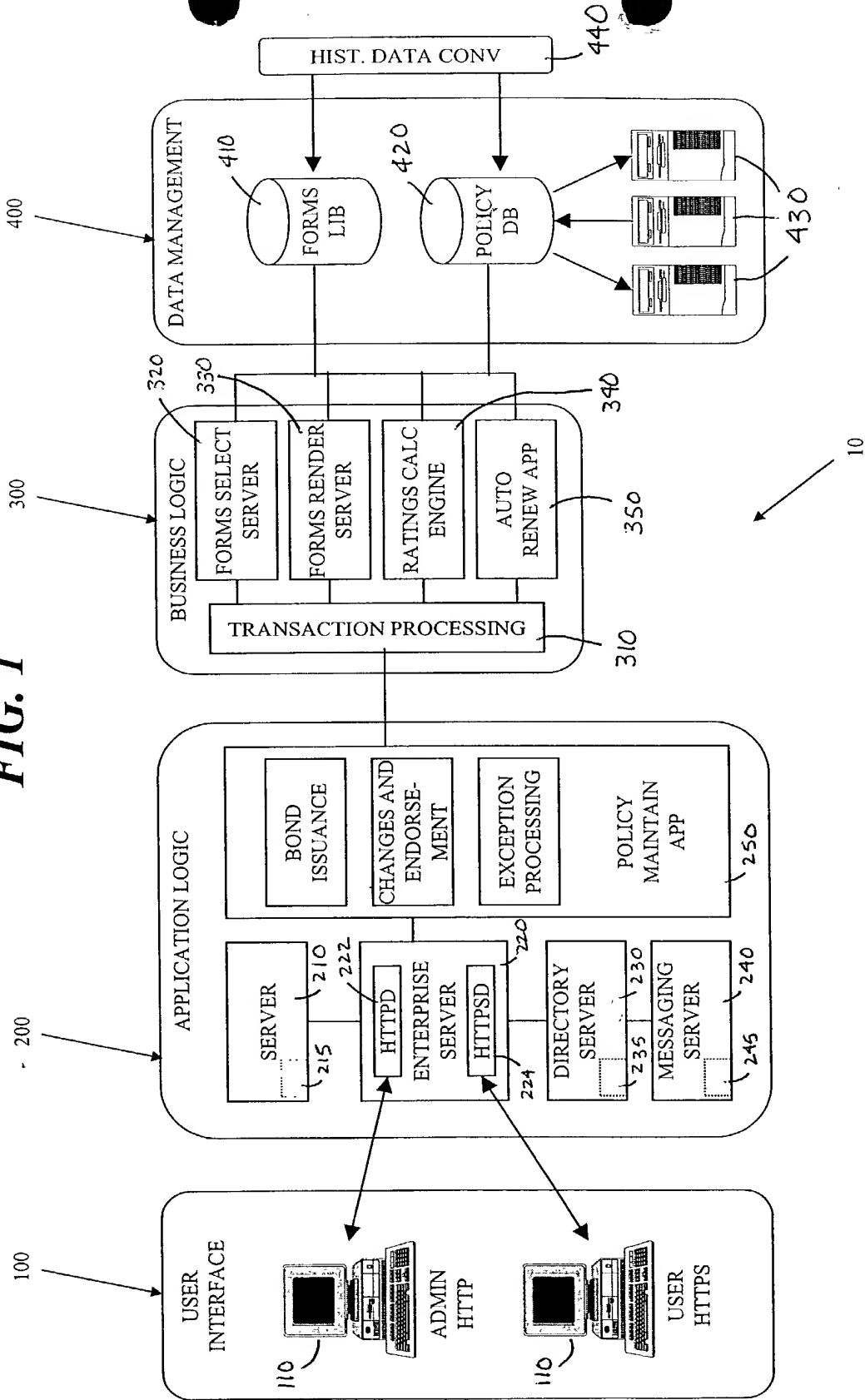





Fig 3

Issue a Surety Bond - Netscape

File Edit View Go Communicator Help

 Issue a Surety Bond  
GNSLOB

Type of Coverage

☐ Surety - Contract Bid

☐ Surety - Contract Final

☐ Surety - Court, Judicial

☐ Surety - Court, Probate and Fiduciary

☒ Surety - License & Permit

☐ Surety - Miscellaneous

☐ Surety - Government, Federal and Public Official

☐ Commercial Surety Account Business?

511

510

Document Done

Start Issue a Surety Bond 1 Step Surety Main Menu...

9:27 AM

Fig 4A

Bond Selection and Rating Criteria - Netscape

File Edit View Go Communicator Help

**Bond Selection and Rating Criteria**  
SB9RC

Back To Menu:

**Producer Information**

Agency:  RO - Agency Code:

Sub Producer:  Agent Requestor:

**Principal Information**

Type of Legal Entity: ☒ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Other

Principal Name (First):  (MI):  (Last):

Business Name:

Actual Name To Display On Bond:

**Bond Information**

Surety:

Class Code - Description:

Inception/Effective Date:

Risk State:  Risk Zip Code:

**Bond Form Selection Criteria**

This information will be used only to select bond forms. Obligor information will be collected later.

State:  Obligor Name:

If Obligor is a government entity please complete information below:

Political Subdivision:

512

Document Done

Start Bond Selection and 1 Step Surety Main Menu

9:29 AM

Fig 4B

Bond Selection and Rating Criteria - Netscape

File Edit View Go Communicator Help

main menu  
help  
email

**Principal Information**

Type of Legal Entity:  Principal Name (First):  (MI):  (Last):

Business Name:

Actual Name To Display On Bond:

**Bond Information**

Surety:  \*

Class Code - Description: \*

Inception/Effective Date  \*

Risk State:  \* Risk Zip Code:  \*

**Bond Form Selection Criteria**

This information will be used only to select bond forms. Obligor information will be collected later.

State:  Obligor Name:

If Obligor is a government entity please complete information below:

Political Subdivision:

**Select Customer Information - Hartford Internal Use Only**

AIF #:  MSI:

512

Document Done


Start Bond Selection and 1 Step Surety Main Menu

9:29 AM

Fig 5

Identify Bond Forms - Netscape

File Edit View Go Communicator Help

 Identify Bond Form  
SIBF

Back To Menu:  Go Back!

Select Bond Form (Search Results)

STREET OPENING  
LICENSE AND PERMIT BOND  
LICENSE BOND  
GENERIC LICENSE AND PERMIT BOND - INDEFINITE TERM  
**GENERAL BOND FORM-LICENSE & PERMIT**  
EXCAVATION BOND  
TOWN OF BLOOMFIELD-BOND TO WORK WITHIN THE PUBLIC RIGHT O...  
GENERIC INDEFINITE - LICENSE & PERMIT  
TOWN OF WETHERSFIELD-CURB & WALK LAYER'S BOND  
TOWN OF SOUTH WINDSOR DRAIN LAYER'S OR EXCAVATION BOND

☒ Use form selected above  
☐ Form not found, continue without  
☐ Form not required/applicable

Continue Try Search Again Back to Main Menu

Print Preview  
Help Description

522

520

515

back to main menu  
help  
email

Microsoft

Document: Done

Start Identify Bond Forms 1 Step Surety Main Menu - 9:29 AM

Fig 6

Principal and Obligor Information - Netscape

File Edit View Go Communicator Help

Principal and Obligor Information  
SPOI

Back To Menu: [dropdown] Go-Back!

**Principal Information**

Address: 55 Main St. \* City: Hartford \*

State/Province: CT \*

Zip: 06115 \* - Phone: ( ) -

Email: Fax: ( ) -

SSN: TAX ID: \*

Level of Indemnity: ☐ Business ☐ Personal ☐ Third Party  
☐ General Indemnity Agreement

**Obligor Information**

Name: State of CT \*

Address: 20 State Rd. City: Hartford

State/Province: CT \*

Zip: 06115 \* - Phone: ( ) -

Email: Fax: ( ) -

**Attorney in Fact**

Blondin, Claudette \*

**Bond Number**

☒ Generate a new bond number

☐ Use this pre-assigned bond number: \*

Continue Notes Back to Main Menu

back to main menu help email

530

Microsoft

Document: Done


Start Principal and Obligor Step Surety Main Menu

9:30 AM

Fig 7

Surety Underwriting Information - Netscape

File Edit View Go Communicator Help

 Surety Underwriting Information  
SUI

Back To Menu:  Go Back!

Surety Underwriting Information

**License & Permit Bonds**

How long has the applicant been in business under the current name ownership?

For bonds guaranteeing payment of taxes or other monies, complete the following:

Indemnitors & relationship to applicant (including applicant):

Results of Financial Analysis: ☐ Business ☐ Personal

Net Worth:

Working Capital:

Total Revenue:

Total Debt:

back to main menu  
help  
email

Office

Microsoft

Document: Done

Start Surety Underwriting 1 Step Surety Main Menu

9:30 AM


540



Fig 8

Underwriting Check - Netscape

File Edit View Go Communicator Help

 Underwriting Check  
GNUC

Back To Menu:  Go Back

**This bond is eligible for system underwriting**

Please assure the accuracy of your answers to the following questions; they are the basis for YOUR automated underwriting authority.

1. Has the applicant been in business at least 3 years in same location? ☐ Yes ☒ No
2. Does the bond guarantee payment of taxes and/or fees? (if yes - obtain financial statement) ☐ Yes ☒ No
3. Has the applicant ever filed for bankruptcy? ☐ Yes ☒ No
4. Does the applicant have (or pending) any suits or judgements? ☐ Yes ☒ No
5. Does the bond guarantee ANY type of environmental/pollution exposure? ☐ Yes ☒ No

back to main menu  
help  
email

Office

Microsoft

Document: Done

Start Underwriting Check 1 Step Surety Main Menu

9:31 AM

550

Fig 9

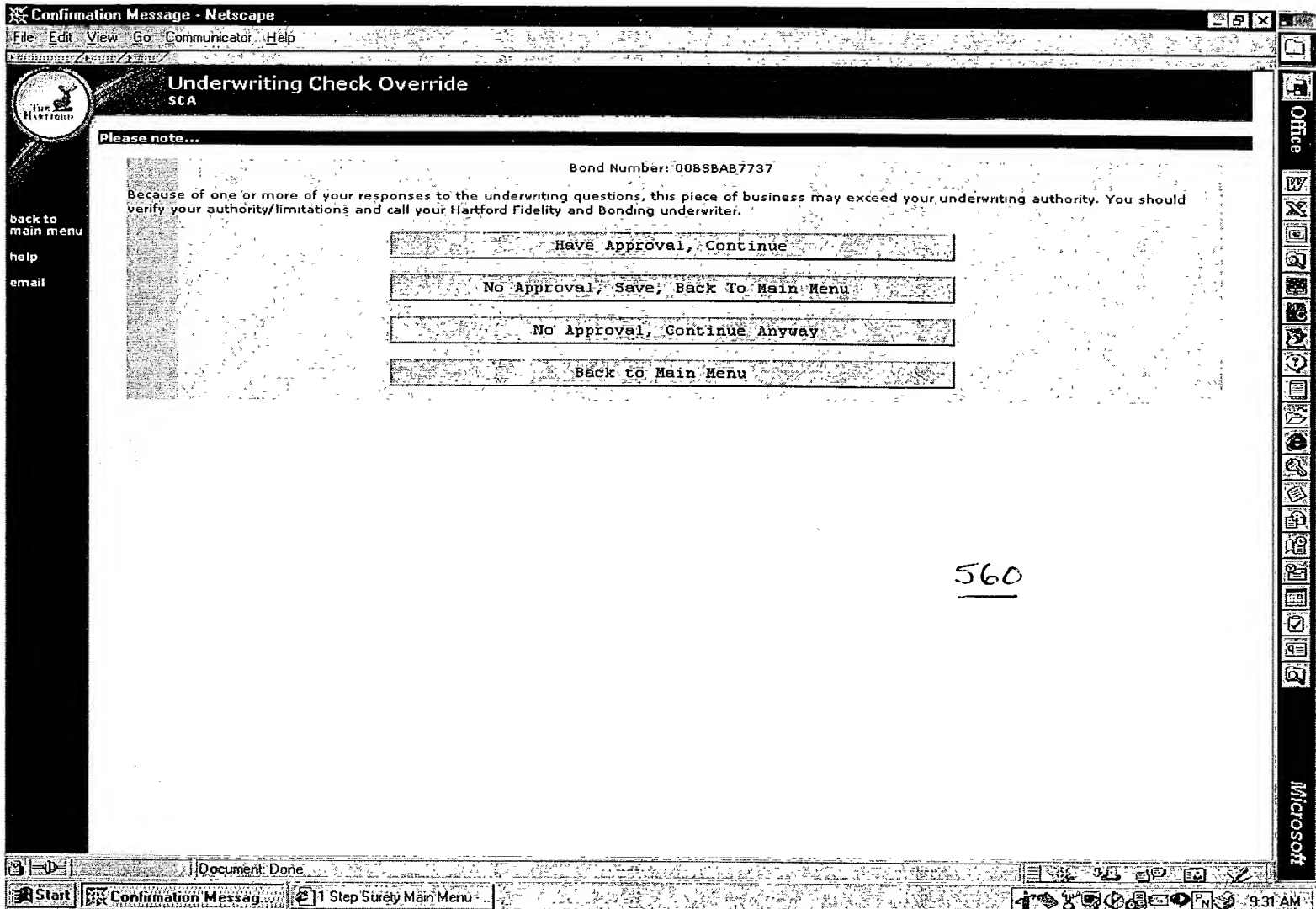



Fig 10

Surety Premium Calculation - Netscape

File Edit View Go Communicator Help

 Premium Calculation SPC

Back To Menu:  Go Back!

**Bond Information**

Bond #: 00BSBAB7737 Principal: The ABC Company, Incorporation Total Commission: 20 %

**Price Information**

Bond Limit:  \*

Inception Date:

Effective Date:

Expiration/Renewal Date:  \* Statutory Expiration Date:  \*

IRPM Factor:  (Example: Enter .75 for a 25% credit)

Net Worth:  %

Collateral Amount:

Prepaid:  years

Commission Reduced To:  %

Override Premium:

Manual Premium: 625

Annual Premium: 625

Prepaid Premium: 0

Other Term Premium: 0

570

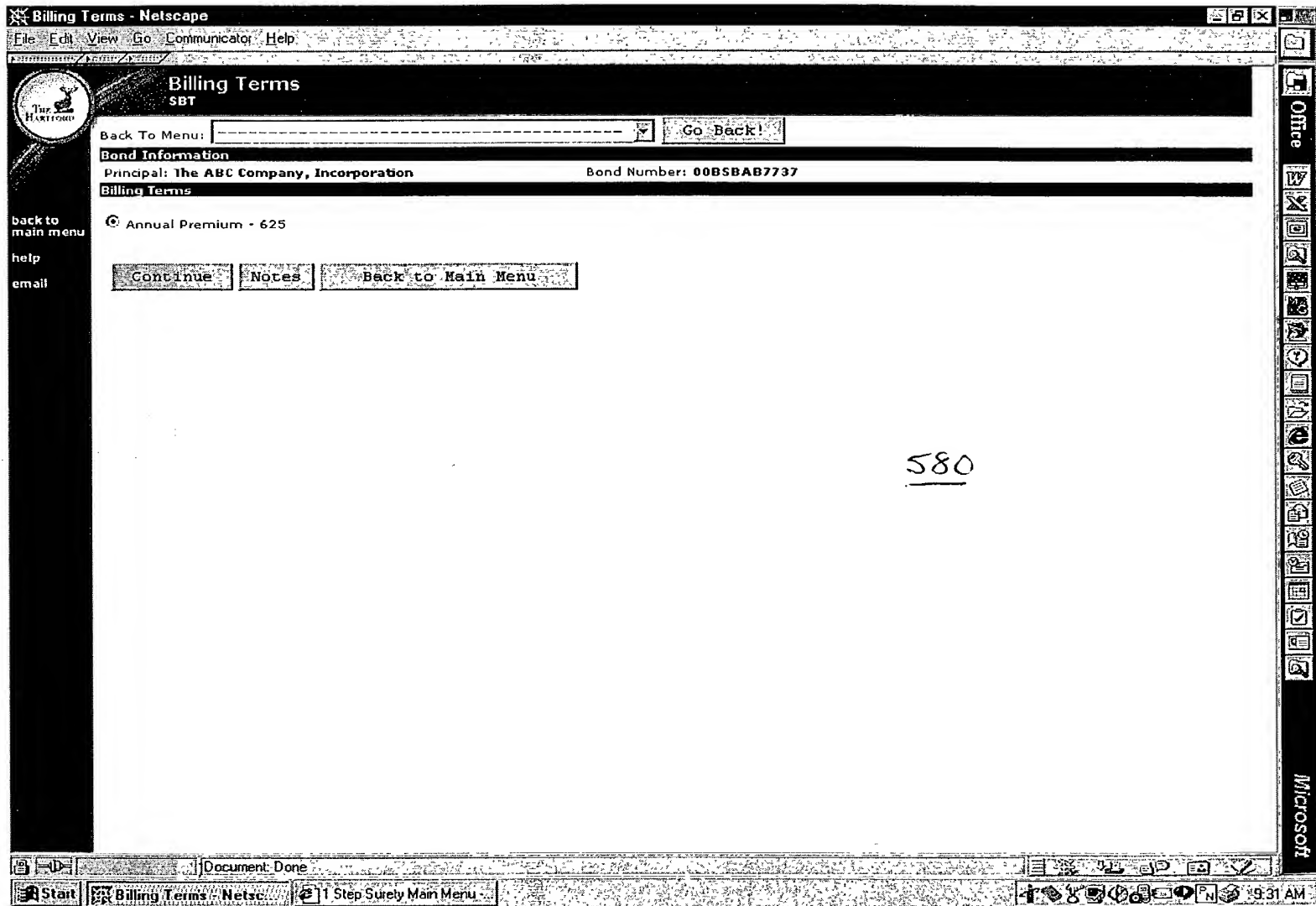
back to main menu  
help  
email

Document: Done

Start Surety Premium Calcul... 1-Step Surety Main Menu...

9:31 AM

Fig 11




580

Fig 12

Billing Information - Netscape

File Edit View Go Communicator Help

 **Billing Information**  
GNBI

Back To Menu:

**Bond Information**

Bond Number: 00BSBAB7737

Total Commission: 20 % adjusted to  %

**Billing Method**

☒ Agency billed  
☐ Direct  
☐ Full Pay ☐ TABS Account:  ☒ N/A

Payment Received at POS  
☐ Yes ☒ No

**Billing Address**

Address:

City:

State/Province:  Zip:  -

**Cancel / Rewrite**  
This policy is a Cancel / Rewrite  
☐ Yes ☒ No

**Underwriting**  
Refer this item to a Hartford underwriter upon renewal  
☐ Yes ☒ No

590

Document: Done


Start Billing Information N 1-Step Surety Main Menu 9:32 AM

Office  
Microsoft

Fig 13

Form-Specific Information - Netscape

File Edit View Go Communicator Help

 **Form-Specific Information**  
GNFSI

Back To Menu:

**Bond Number: 008SBAB7737**

**Signed and Sealed Date**

Signed and Sealed Date:

**GENERAL BOND FORM-LICENSE & PERMIT**

ENTER TYPE OF UNDERTAKINGS REQUIRED:

ENTER OBLIGATION DESCRIPTION:

**INVOICE**

No additional fields are required for this form.

**POWER OF ATTORNEY - HARTFORD FIRE INSURANCE COMPANY**

No additional fields are required for this form.

back to main menu  
help  
email

Office

Microsoft

Document: Done

Start Form-Specific Informa 1 Step Surety Main Menu

9:33 AM

600

Fig 14

Final Print Version - Netscape

File Edit View Go Communicator Help

Notification  
GNFP

Activity for Bond Number 00BSBAB7737 has been recorded at The Hartford.

Form Number	Form Name	Paper Type
<input checked="" type="radio"/> ALL_LETTER	All forms to be printed on letter size paper	Letter Simplex
<input type="radio"/> POA17	POWER OF ATTORNEY - HARTFORD FIRE INSURANCE COMPANY	Letter Simplex
<input type="radio"/> JGEN872	GENERAL BOND FORM-LICENSE & PERMIT	Letter Simplex
<input type="radio"/> 625V2	INVOICE	Letter Simplex

View Form Back to Main Menu

back to main menu  
help  
email

610

Document: Done

Start Final Print Version 1 Step Surety Main Menu

9:34 AM

Microsoft Office

# HARTFORD FIRE INSURANCE COMPANY

Hartford, Connecticut  
POWER OF ATTORNEY

Know all men by these Presents, That HARTFORD FIRE INSURANCE COMPANY, a corporation duly organized under the laws of the State of Connecticut, and having its principal office in the City of Hartford, County of Hartford, State of Connecticut, does hereby make, constitute and appoint DOUGLAS E. BARNETTE, CLAUDETTE BLONDIN, BEVERLY BOHNERT, JOE BONDCENTER, JOEL CANNON, SHAYN'E DALY, SUSAN FULMER, SUSAN GAGNE, SHARON GRIFFITH, DEBBIE HART, CELESTE HOLMES, DANILLE HUSSEY, FIRST LAST, DON LONGSHORE, VAL MCCORMICK, D RICHENDOLLAR, KATHY RADTKE, TERRI REINERTSEN, TERI REINERTSEN, DOLORES RICHENDOLLAR, ANIKA RIVERA, MARK H. SEMEL, HELENA SIVAK, BRITANY SLABAUGH, T TRAJICK, TONYA E. TASCHEREAU, JOANN TIMPERLEY, TERRI TRAJICK, V WHEELER, E WILLNER, VICKI WHEELER, VICKI WHEELER, LAURA WILLIAMS, EVELYN WILLNER OF HARTFORD, CONNECTICUT

its true and lawful Attorney(s)-in-Fact, with full power and authority to each of said Attorney(s)-in-Fact, in their separate capacity if more than one is named above, to sign, execute and acknowledge any and all bonds and undertakings and other writings obligatory in the nature thereof on behalf of the Company in its business of guaranteeing the fidelity of persons holding places of public or private trust, guaranteeing the performance of contracts other than insurance policies, guaranteeing the performance of insurance contracts where surety bonds are accepted by states and municipalities, and executing or guaranteeing bonds and undertakings required or permitted in all actions or proceedings or by law allowed, *in penalties not exceeding the sum of* .....

**UNLIMITED**

and to bind HARTFORD FIRE INSURANCE COMPANY thereby as fully and to the same extent as if such bonds and undertakings and other writings obligatory in the nature thereof were signed by an Executive Officer of HARTFORD FIRE INSURANCE COMPANY and sealed and attested by one other of such Officers, and hereby ratifies and confirms all that its said Attorney(s)-in-Fact may do in pursuance hereof

This Power of Attorney is granted under and by authority of the By-Laws of HARTFORD FIRE INSURANCE COMPANY, ("the Company") as amended by the Board of Directors at a meeting duly called and held on July 9, 1997, as follows

## ARTICLE IV

**SECTION 7.** The President or any Vice President or Assistant Vice-President, acting with any Secretary or Assistant Secretary shall have power and authority to sign and execute and attach the seal of the Company to bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof, and such instruments so signed and executed, with or without the common seal, shall be valid and binding upon the Company

**SECTION 8.** The President or any Vice-President or any Assistant Vice President acting with any Secretary or Assistant Secretary, shall have power and authority to appoint, for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, one or more resident Vice Presidents, resident Assistant Secretaries and Attorneys-in-Fact and at any time to remove any such resident Vice-President, resident Assistant Secretary, or Attorney-in-Fact, and revoke the power and authority given to him.

Resolved, that the signatures of such Officers and the seal of the Company may be affixed to any such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached

In Witness Whereof, HARTFORD FIRE INSURANCE COMPANY has caused these presents to be signed by its Assistant Vice-President, and its corporate seal to be hereto affixed, duly attested by its Secretary, this 17th day of September, 1997

HARTFORD FIRE INSURANCE COMPANY

*Paul A. Bergenholtz*



*Robert L. Post*

Paul A. Bergenholtz, Assistant Secretary

Robert L. Post, Assistant Vice President

STATE OF CONNECTICUT

COUNTY OF HARTFORD

SS.

On this 17th day of September, A.D. 1997, before me personally came Robert L. Post, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Assistant Vice-President of HARTFORD FIRE INSURANCE COMPANY, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation, that the seal affixed to the said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

STATE OF CONNECTICUT

COUNTY OF HARTFORD

SS.



CERTIFICATE

*Jean H. Wozniak*  
Jean H. Wozniak  
Notary Public

My Commission Expires June 30, 2004

I, the undersigned, Secretary of HARTFORD FIRE INSURANCE COMPANY, a Connecticut Corporation, DO HEREBY CERTIFY that the foregoing and attached POWER OF ATTORNEY remains in full force and has not been revoked, and furthermore, that Article IV, Sections 7 and 8 of the By-Laws of HARTFORD FIRE INSURANCE COMPANY, set forth in the Power of Attorney, are now in force.

Signed and sealed at the City of Hartford.

Dated the 11th day of August 19 2000

*Richard L. Marshall, Jr.*



*J. Dennis Lane*

Richard L. Marshall, Jr., Assistant Secretary

J. Dennis Lane, Assistant Vice President





THE HARTFORD

Hartford Plaza  
Hartford, Connecticut 06115

KNOW ALL MEN BY THESE PRESENTS, That we, The ABC Company, Incorporation

(hereinafter called Principal), as Principal, and Hartford Fire Insurance Company  
a corporation organized and doing business under and by virtue of the laws of the State of Connecticut, and duly  
licensed for the purpose of making, guaranteeing or becoming sole surety upon bonds or  
Form Specific Field  
undertakings required or authorized by the laws of the State of Connecticut

(hereinafter called Surety)

as Surety, are held and firmly bound unto State of CT

(hereinafter called Obligee)

in the just and full sum of One Hundred Twenty-Five Thousand

Dollars (\$125,000) lawful money of the United States of America, for the payment of which, well and  
truly to be made, we hereby bind ourselves and our and each of our successors and assigns, jointly and severally,  
firmly by these presents.

THE CONDITIONS OF THIS OBLIGATION ARE SUCH THAT, WHEREAS,  
Form Specific Field

IN WITNESS WHEREOF, said Principal and said Surety have caused these presents to be duly signed and  
sealed this 11th

day of August

, A.D. 19 2000

The ABC Company, Incorporation

{Seal}

{Seal}

Hartford Fire Insurance Company

By

Claudette Blondin, Attorney-in-Fact

**Fig 16**

# Fig 17



Date: Aug 11, 2000

Agency Code: 00-000001

Simms Agency  
199 Main Street

Hartford, CT 06115  
Attn: Bond Department

Insured / Principal: The ABC Company, Incorporation

Policy / Bond #: 00BSBAB7737

Account Name/Number:

Policy Term: Aug 11, 2000 - Aug 11, 2001

Type of Policy: Surety - License & Permit

Billing Term: Annual

Billing Type: Agency Bill

Transaction Type: New Bond

Transaction Effective Date: Aug 11, 2000

Bond Limit: \$125,000

## Agent's Advice of Premium for Fidelity and Surety Bonds


Premium	Commission %	Commission Amount
\$ 625	20.00 %	\$ 125

Premium will be included in your usual Agency Accounting statement or Direct Bill notification. If you have any questions regarding this transaction, please contact your Hartford Bond Center.

Fig 18A

Issue a Fidelity Policy - Netscape

File Edit View Go Communicator Help

 **Issue a Fidelity Policy**  
GNSLOB

**Type of Coverage**

- ☒ Commercial Crime
- ☐ Public Employee
- ☐ Financial Institutions - Banks
- ☐ Financial Institutions - Stockbrokers
- ☐ Financial Institutions - Mortgage and Finance Companies
- ☐ Financial Institutions - Insurance Companies
- ☐ Financial Institutions - Credit Unions
- ☐ Financial Institutions - Combination Safe Depository Policy
- ☐ Financial Institutions - Computer Crime Policy

**For Computer Crime Policies Only**

Type of Entry:

back to main menu  
help  
email

Office

Microsoft

Document: Done


Start Issue a Fidelity Policy 1 Step Surety Main Menu

9:16 AM

Fig 18B

OneStepSurety - Netscape

File Edit View Go Communicator Help

 Insured Information  
FII

back to main menu  
help  
email

**Producer Information**

Agency Name: Simms Agency RO-Agency Code: 00-000001  
Agency Requestor: Sub Producer:

**Insured Information**

Business Name: Test Policy Actual Name To Display On Policy (if different):  
Risk State: Risk Zip Code: CT \* 06115 \* Zip Code Lookup Kentucky Tax Rate:  
NOTE Only valid if Risk State is KY  
Class Code -- Description: 635 Business Services N.O.C. \*  
Order By Class Code Description Class Help  
Writing Company: Hartford Fire Insurance Company \*  
Number of Employees: 15 \* Number of Additional Locations: 5  
Select Customer Information - Hartford Internal Use Only  
AIF #: MSI:  
Continue Notes Back To Main Menu

Document Done


Start OneStepSurety - Nets 1 Step Surety Main Menu 9:17 AM

Microsoft

Fig 18C

Underwriting Check - Netscape

File Edit View Go Communicator Help

 Underwriting Check  
GNUC

Back To Menu:  Go Back!

**This bond is eligible for system underwriting**

Please assure the accuracy of your answers to the following questions; they are the basis for YOUR automated underwriting authority.

1. Are at least two signatures required on checks? ☐ Yes ☐ No
2. Do employees who reconcile monthly bank statements also sign checks? ☐ Yes ☐ No
3. Is an independent Certified Public Accountant involved in the applicants financial reporting? ☐ Yes ☐ No
4. Has any similar insurance been declined or canceled during the past three years? ☐ Yes ☐ No
5. Have there been any losses discovered or sustained in the last six years the sum of which exceed the proposed deductible? ☐ Yes ☐ No
6. Do employees who reconcile monthly bank statements handle bank deposits? ☐ Yes ☐ No
7. Do employees who reconcile monthly bank statements have access to check signing machines or signature plates? ☐ Yes ☐ No

back to main menu  
help  
email

Office

Microsoft

Document Done


Start Underwriting Check 1 Step Surety Main Menu

9:18 AM

Fig 18D

Fidelity Underwriting Review - Netscape

File Edit View Go Communicator Help

 Fidelity Underwriting Review  
FCA

back to main menu  
help  
email

Policy Number: 00BDDAB7736

Because of one or more of your responses to the underwriting questions, this piece of business  
verify your authority/limitations and call your Hartford Fidelity and Bonding underwriter.

You should

Have Approval, Continue

No Approval, Save, Back To Main Menu

No Approval, Continue Anyway

Back to Main Menu

Microsoft

Document Done

Start Fidelity Underwriting 1 Step Surety Main Menu

9:18 AM

Fig 19

Fidelity Quote - Netscape

File Edit View Go Communicator Help

**Fidelity Quote**  
FQ

Back To Menu

**Policy Information**

Effective Date: 8/11/2000 \* Policy #: 00BDDAB7736  
 Expiration Date: 8/11/2001 \* Pre-fill: 1Yr 3Yr Insured Name: Test Policy  
 Num Ratables: 5 \* Total Commission: 15 %

**Insuring Agreement**

	Limit
Agmt. 1: Primary <input type="checkbox"/>	\$150000
Agmt. 5: Primary <input type="checkbox"/>	\$
Ded/Primary for Agmt. 1 & 5	\$1500
	Pre-fill
Agmt. 2: Primary <input type="checkbox"/>	\$
Ded/Primary for Agmt. 2	\$
Agmt. 3: Primary <input type="checkbox"/>	\$
Money & Securities	\$
Checks (not retail)	\$
Other Property (in safe or vault)	\$
Ded/Primary for Agmt. 3/4	\$

**Additional Coverage**

Agent: NO Specific Excess: NO  
 Peak Season: NO Credit Card: NO

**Pricing Variables**

Experience Modifier:   
 Scheduled Modifier:   
 Commission Reduced To:  %

**Premiums**

Annual Premium: \$431  
 3 Year Prepaid: \$1,164

**Quick Quotes**

Increase coverage by 50%:   
 Increase coverage by 100%:

**Saved Quotes**

There are no saved quotes

700

Start Fidelity Quote - Netsc... 1 Step Surety Main Menu ... 9:19 AM

Fig 20

Select / Confirm Quote - Netscape

File Edit View Go Communicator Help

Select / Confirm Quote  
FSCQ

Back To Menu: [ ] Go Back!

Policy Information  
Policy Number: 008DDAB7736

Select A Quote

1) (1)150,000

☒ Annual Premium - \$431.00  
☐ 3 Year Prepaid - \$1,164.00 (can only be billed to Agency)

Note: The policy expiration date may be modified based upon the billing term selected.

Continue Back To Main Menu

back to main menu  
help  
email

710

Microsoft

Document Done

Start Select / Confirm Quot... 1 Step Surety Main Menu

9:20 AM



Fig. 21

